Reply to Office Action of December 11, 2003 and

Advisory Action of March 2, 2004

IN THE CLAIMS:

Please amend the claims as shown below. Claims 1-28, 35, 46, 54 and 55 were

previously canceled without prejudice.

The following listing of claims will replace all prior versions and listings of claims

in the application:

1-28. (Canceled)

29. (Canceled)

(Currently Amended) The method of claim [29] 56, wherein the sheath is 30.

formed as a unitary part of a distal tip of the deployment catheter.

(Currently Amended) The method of claim [29] <u>56</u>, wherein the step of 31.

providing an intravascular deployment catheter comprises providing an intravascular

deployment catheter having a plurality of perforations formed near the distal end of the

deployment catheter to allow fluid communication between the outside of the deployment

catheter and the deployment catheter lumen.

32. (Currently Amended) The method of claim [29] 56, wherein the sheath is

comprised of a material selected from the group of materials consisting of polymers,

cross-linked materials, and composites.

(Original) The device of claim 32, wherein the sheath material has a yield 33.

2 of 10

strength of between 50 psi and 300 psi.

Reply to Office Action of December 11, 2003 and

Advisory Action of March 2, 2004

34. (Original) The method of claim 33, wherein the sheath material has a break

point tensile strength of over 2000 psi.

35. (Canceled)

36. (Currently Amended) The method of claim [56] <u>60</u>, wherein the deformable

member is a wire mesh.

37. (Canceled)

38. (Currently Amended) The method of claim [56] <u>60</u>, wherein the deformable

member is a wire coil.

39. (Currently Amended) The method of claim 56, wherein the [deformable

member] stent is formed from a shape memory alloy having a compressed state for

placing within the unexpanded sheath and an expanded state for anchoring the sheath

against the vascular wall, and exhibiting a radially outward expansive force when in the

compressed state.

40. (Currently Amended) The method of claim 39, wherein the resistance to

elastic deformation of the sheath is greater than the expansive force exhibited by the

[deformable member] stent.

41. (Currently Amended) The method of claim 40, wherein the resistance to

elastic deformation of the sheath is between 1 percent to 5 percent greater than the

expansive force exhibited by the [deformable member] stent.

Appl. No.: 09/885,468 Docket No.: ACS 57785 (1460D)

3 of 10

Reply to Office Action of December 11, 2003 and

Advisory Action of March 2, 2004

42. (Currently Amended) The method of claim 56, wherein the [deformable member] stent is formed from a radiopaque material.

43. (Currently Amended) The method of claim 56, wherein the [deformable member] stent is embedded within the sheath.

44. (Currently Amended) The method of claim 43, wherein the [deformable member] stent is a wire stent.

45. (Currently Amended) The method of claim 43, wherein the [deformable member] stent is a wire coiled stent.

46. (Canceled)

47. (Previously Presented) The method of claim 57, wherein:

the step of providing a delivery catheter further comprises providing a pusher rod disposed within the delivery catheter lumen to contact the proximal end of the intravascular device; and

the steps of advancing the intravascular device out of the delivery catheter comprise withdrawing the delivery catheter proximally along the pusher rod to expose the intravascular device and thereby allow it to assume its expanded state.

48. (Previously Presented) The method of claim 57, wherein the intravascular device is a stent.

Reply to Office Action of December 11, 2003 and

Advisory Action of March 2, 2004

49. (Original) The method of claim 48, wherein the stent is formed with a plurality of apertures, each aperture being no larger than 200 microns across when the stent is in the expanded state.

- 50. (Previously Presented) The method of claim 57, wherein the intravascular device is a wire mesh.
- 51. (Original) The method of claim 50, wherein the wire mesh is formed with a plurality apertures, each aperture being no larger than 200 microns across when the wire mesh is in the expanded state.
 - 52. (Previously Presented) The method of claim 57, wherein:

the step of expanding the sheath against the vascular wall comprises partially expanding the sheath; and comprising, after the step of withdrawing the delivery catheter, the further steps of:

providing a balloon catheter;

inserting the balloon catheter into the lumen of the deployment catheter; advancing the balloon catheter to position the balloon within the intravascular device;

inflating the stent to further expand the intravascular device against the vessel wall and entrap the plaque therebetween; and

withdrawing the balloon catheter from the deployment catheter lumen.

53. (Previously Presented) The method of claim 57, wherein the step of providing a delivery catheter comprises providing a delivery catheter with perforations formed near the distal end of the delivery catheter to allow fluid communication between the outside of the delivery catheter and the delivery catheter lumen.

Amdt. Dated: March 10, 2004 Reply to Office Action of December 11, 2003 and Advisory Action of March 2, 2004

54-55. (Canceled)

56. (Currently Amended) A method for entrapping plaque particles against a vascular wall at a predetermined intravascular site, comprising the steps of:

providing a radially outwardly deformable, tubular sheath having a proximal end and a distal end;

providing an intravascular deployment catheter having a proximal end, a distal end, and a lumen extending therebetween;

attaching the sheath proximal end to the deployment catheter distal end; providing a radially outwardly deformable[, tubular member] stent; disposing the [deformable member] stent within the sheath; introducing the deployment catheter into the vasculature;

advancing the deployment catheter through the vasculature to position the sheath at the intravascular site; and

expanding the sheath against the vascular wall at the intravascular site to trap the plaque therebetween; wherein the step of expanding the sheath comprises expanding the [deformable member] stent along with the sheath, the sheath contacting the vascular wall and the [deformable member] stent contacting the sheath.

57. (Previously Presented) A method for entrapping plaque particles against a vascular wall at a predetermined intravascular site, comprising the steps of:

providing a radially outwardly deformable, tubular sheath having a proximal end and a distal end;

providing an intravascular deployment catheter having a proximal end, a distal end, and a lumen extending therebetween;

attaching the sheath proximal end to the deployment catheter distal end; introducing the deployment catheter into the vasculature;

Reply to Office Action of December 11, 2003 and

Advisory Action of March 2, 2004

advancing the deployment catheter through the vasculature to position the sheath at the intravascular site;

expanding the sheath against the vascular wall at the intravascular site to trap the plaque therebetween;

providing a delivery catheter having a proximal end and a distal end and a lumen extending therebetween;

providing a self-expanding intravascular device having a proximal end and a distal end and further having a compressed state and an expanded state;

placing the intravascular device in its compressed state within the delivery catheter distal end;

introducing the delivery catheter into the lumen of the deployment catheter; advancing the delivery catheter through the lumen of the deployment catheter to position the distal end of the delivery catheter adjacent the distal end of the sheath;

partially retracting the delivery catheter to allow the distal end of the intravascular device to expand against the vessel wall at a location distal of the plaque at the intravascular site;

withdrawing the sheath proximally from the intravascular site to expose the distal end of the delivery catheter;

retracting the delivery catheter to allow the entire intravascular device to expand against the vessel wall at the intravascular site and trap the plaque therebetween;

withdrawing the delivery catheter from within the intravascular catheter;

and

withdrawing the intravascular catheter and the sheath from within the vasculature.

Reply to Office Action of December 11, 2003 and

Advisory Action of March 2, 2004

58. (Currently Amended) The method of claim [29] <u>56</u>, wherein the distal end of the sheath is expanded to a size sufficient to allow a delivery catheter to at least partially deploy and expand an implantable medical device distally from the sheath.

59. (Currently Amended) The method of claim [29] <u>56</u>, wherein the sheath is expanded by a balloon catheter.

Please rewrite claim 60 in independent form as follows:

60. (Currently Amended) A method for entrapping plaque particles against a vascular wall at a predetermined intravascular site, comprising the steps of:

providing a radially outwardly deformable, tubular sheath having a proximal end and a distal end;

providing an intravascular deployment catheter having a proximal end, a distal end, and a lumen extending therebetween;

attaching the sheath proximal end to the deployment catheter distal end; providing a radially outwardly deformable, tubular member;

disposing the deformable member within the sheath so that the deformable member is embedded into the wall of the sheath;

introducing the deployment catheter into the vasculature;

advancing the deployment catheter through the vasculature to position the sheath at the intravascular site; and expanding the sheath against the vascular wall at the intravascular site to trap the plaque therebetween; wherein the step of expanding the sheath comprises expanding the deformable member along with the sheath, the sheath contacting the vascular wall.